Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OMRDD
- ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE CFR-1
PROGRAM/SITE DATA

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
SECTION A: GENERAL INFORMATION							
1	Program Type	00070					
2	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
3	Program/Site Identification Number	00050					
4	Program/Site Name	00020					
5	Program/Site Address (Line One)	00030					
6	Program/Site Address (Line Two)	00040					
7	Medicaid Provider Agreement Number (DMH only)	00060					
8	County Code (See Appendix C)	00080					
9	Date Site Opened	00090					
10	Certified Capacity (OASAS, OMRDD and SED only)	00100					
11	Actual Capacity (OMH, OMRDD and SED only)	00110					
12	Actual Days Program/Site Open	00160					
13	Units of Service	00120					
14	Respite or TUBS Units of Service (OMRDD only)	00130					
15	Program/Site Square Footage (OASAS, OMRDD and SED Only)	00150					

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Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
SECTION B: EXPENSES							
	PERSONAL SERVICES						
16	Personal Services - Program/Site & Program Admin	11999					
17	Vacation Accruals - Program/Site & Program Admin	12999					
	FRINGE BENEFITS						
18	Mandated Fringe Benefits	13200					
19	Non-Mandated Fringe Benefits	13300					
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
	OTHER THAN PERSONAL SERVICES (OTPS)						
21	Food	14010					
22	Repairs and Maintenance	14020					
23	Utilities	14030					
24	Transportation Related-Participant	14040					
25	Staff Travel	14250					
26	Participant Incidentals	14050					
27	Expensed Adaptive Equipment (OMRDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

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	Program Code (Program Code Index)	**00010**	( )	( )	( )	( )	( )
	Program/Site Identification Number	**00050**					
31	Participant Wages-Contract	**14110**					
32	Participant Fringe Benefits	**14120**					
33	Section 43.04 Services Assessment (OMRDD only)	**14130**					
34	Staff Development	**14140**					
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	**14150**					
36	Supplies and Materials - Non-Household	**14160**					
37	Household Supplies	**14170**					
38	Telephone	**14190**					
39	Insurance - General	**14260**					
40	Other (Detail Required)	**14998**					
41	Total Other Than Personal Services (Sum Lines 21-40)	**14999**					
	EQUIPMENT-PROVIDER PAID						
42	Lease/Rental Vehicle	**15010**					
43	Lease/Rental Equipment	**15020**					
44	Depreciation-Vehicle	**15040**					
45	Depreciation-Equipment	**15050**					
46	Interest-Vehicle	**15070**					
47	Other (Detail Required)	**15998**					
48	Total Equipment (Sum of Lines 42-47)	**15999**					
	PROPERTY-PROVIDER PAID						
49	Lease/Rental-Real Property	**16010**					
50	Leasehold/Leasehold Improvements	**16020**					
51	Depreciation-Building	**16030**					
52	Depreciation Building/Land Improvements	**16040**					

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Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
53	Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 59)	16060					
54	Mortgage Expenses	16070					
55	Insurance-Property & Casualty	16080					
56	Real Estate Taxes	16090					
57	Interest on Capital Indebtedness	16100					
58	Start-up Expenses	16110					
59	MCFFA/DASNY Interest Expense	16120					
60	MCFFA/DASNY Administration Fees	16130					
61	Maintenance in Lieu of Rent (LGU only)	16140					
62	Other (Detail Required)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
	TOTALS						
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc.(Line 64 times .__ __ __ __ __ __)*	19050					
66	Adjustments/Non-Allowable Costs (Detail Required)	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
	OMRDD Only - Informational						
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					
68d	ICF/DD Day Services Liability	19104					

*** The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0190, 0880, 0890 and state agency specific programs which are exempt from agency administration.**

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Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	**00010**	( )	( )	( )	( )	( )
	Program/Site Identification Number	**00050**					
SECTION C: REVENUES							
69	Participant Fee (less SSI & SSA)	**20010**					
70	SSI & SSA	**20020**					
71	Home Relief/Public Assistance	**20030**					
72	Medicaid	**20040**					
73	Medicare	**20060**					
74	Other Third Parties (Detail Required)	**20070**					
75	OMRDD Residential Room and Board/NYS OPTS	**20080**					
76	Transportation, Medicaid	**20090**					
77	Transportation, Other (Detail Required)	**20100**					
78	Sales: Contract Total	**21070**					
79	Federal Grants (Detail Required)	**22040**					
80	State Grants (Detail Required)	**22030**					
81	LTSE Income Total (OMH and OMRDD only)	**22080**					
82	Food Stamps (OASAS Only)/Food Revenue (SED Only)	**22160**					
83	Gifts, Legacies, Bequests, Restricted Donations	**22010**					
84	Section 202/8/811 HUD Funds*	**22020**					
85	Interest/Dividend Income	**22050**					
86	Prior Period Rate Adjustments**	**22090**					
87	Excessive Teacher Turnover Prevention Grant (SED only)	**22100**					
88	LDSS County Revenue (SED only)	**22110**					
89	4402 Revenue (School District In-State) (SED only)	**22120**					

*** For OMRDD programs, if this line is completed, complete Schedule OMRDD-3 (HUD Revenues and Expenses).**
**** Refer to CFR manual for specific instructions.**

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Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	**00010**	( )	( )	( )	( )	( )
	Program/Site Identification Number	**00050**					
90	Department of Health Chapter 428 Revenue (SED only)	**22130**					
91	4408 Revenue (School District) (SED only)	**22140**					
92	4410 Revenue (Preschool) (SED only)	**22150**					
93	Net Deficit Funding (State & LGU Funding only)*	**20110**					
94	Other (Detail Required)	**22998**					
95	Gross Revenues (Sum Lines 69-94)	**23999**					
	GAAP ADJUSTMENTS TO REVENUE						
96	Participant Allowance	**24010**					
97	Uncollectible Accounts Receivable	**24040**					
98	Other (Detail Required)	**24996**					
99	Total GAAP Adjustments (Sum Lines 96-98)	**24997**					
100	Net GAAP Revenues (Line 95 minus 99)	**24998**					
	NON-GAAP ADJUSTMENTS TO REVENUE						
101	Exempt Contract Income	**24050**					
102	Exempt LTSE Income	**24060**					
103	Net Deficit Funding**	**24070**					
104	Other (Detail Required)	**24080**					
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	**24097**					
106	**TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)**	**24999**					
107	**TOTAL NET REVENUES (Line 95 minus 106)**	**25999**					

*** Do not include non-funded or voluntary contributions.**
**** Amounts should equal the corresponding amounts reported as revenue on line 93 above.**